Submit to Appropriate	Encore	State of New M			
State Lease – 6 copies Fee Lease – 5 copies	Liergy	, Minerals and Natural R	esources Department		Form C-101 Revised 1-1-89
DISTRICT I OIL CONSERVATION DIVISION					
P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088			88 ·	API NO. (assigned by OCD on New Wells) 30-025-306/8	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088			87504-2088	5. Indicate Type of Lease	
DISTRICT III				STATE FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410				6. State Oil & Gas Lease No.	
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK					
1a. Type of Work:				7. Lease Name or Unit Agreement Name	
DRILL X RE-ENTER DEEPEN PLUG BACK b. Type of Well: Description Description					-
OL GAS WELL WELL X OTHER SINCLE MULTIPLE ZONE X ZONE Liberty Royaltics					
2. Name of Operator				Liberty Royalties	
Doyle Hartman				8. Well No. 6	
3. Address of Operator Post Office Box 10426, Midland, Texas 79702				9. Pool name or Wildcat	
4. Welt Location				Jalmat (Gas)	
Unit Letter _0		From The South	Line and 1400	Feet From The	East Line
Section	7 –	thin 24-South n			
	' Town	ship 24-South Rai	nge 37-East	MPM Lea	County
		10. Proposed Depth	11. F	ormation	12. Rotary or C.T.
13 Elevations (Show whath		3450		tes	Rotary
13. Elevations (Show whether DF, RT, GR, etc.) 3305 G. L.		14. Kind & Status Plug. Bond Multi-Approved	15. Drilling Contractor To be Chosen		Date Work will start
Indiciti-Approved To be Chosen June, 1989 17. PROPOSED CASING AND CEMENT PROGRAM					
SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	SACKS OF CEMENT	EST. TOP
12 1/4	9 5/8	36	400	350 sx	Surface
8 3/4	7	23	3450	600 sx	Surface
	· · · · · · · · · · · · · · · · · · ·	1			

Before drilling out from under surface pipe, the well will be equipped with a 3000 psi 10-inch series 900 double ram hydraulic BOP.

At this time, it is our plan to market the gas produced from the Liberty Royalties No. 6 well under short-term market sensitive sales arrangements with the gas to be gathered and processed through NNG's Lea County gathering and processing system.

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: IF PROPOSAL IS TO DEEPEN OR PLUG BACK, GIVE DATA ON PRESENT PRODUCTIVE ZONE AND PROPOSED NEW PRODUCTIVE ZONE. GIVE BLOWOUT PREVENTER PROGRAM, IF ANY.

TILLE

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Michelle Wilcof

Administrative Assistant

DATE May 9, 1989 TELEPHONE NO. 915-684-4011

6 1989

TYPE OR PRINT NAME

APPROVED BY

NAME Michelle Wilcox

(This space for State Use) ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR

____ TITLE

CONDITIONS OF APPROVAL, IF ANY:

ndf-2665 \$A

Permit Expires 6 Months From Approval Date Unless Drilling Underway.

DATE .

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RECEIVED MAY 12 1980

oce Hobbs office

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